

WEAPON DECLARATION
FETC Form 05 (Rev. 1/18/2018).

OFFICER INFORMATION (PLEASE PRINT)

Name: _____ Date: _____

Work Phone #: _____ County: _____

HANDGUN INFORMATION

Manufacturer: _____ Model: _____ Serial #: _____

Caliber: _____ Barrel Length: _____ Magazine/ Cylinder Capacity: _____

OFFICER:

I declare that I have familiarized myself with the operation of my duty weapon, to include safe handling, loading, unloading, disassembling and reassembling, cleaning, care and maintenance. I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties, including the penalties under 18 Pa. C.S.A. § 4904.

Signature of Officer

Month/Day Year

CERTIFIED FIREARMS INSTRUCTOR:

I declare that the officer named above has had sufficient range time to familiarize themselves with their duty weapon and its operation, to include safe handling, loading, unloading, disassembling and reassembling, cleaning, care and maintenance. I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties, including the penalties under 18 Pa. C.S.A. § 4904.

Signature of Certified Firearms Instructor

Month/Day Year
